



State of New Hampshire 2015 NON PROFIT REPORT

REPORT DUE BY December 31, 2015

Filed

Date Filed: 02/09/2015

Business ID: 225657

William M. Gardner

Secretary of State

NEW HAMPSHIRE SCHOOL HEALTH CARE COALITION

370 HARVEY ROAD, SUITE 4
MANCHESTER, NH 03103

ADDRESS OF PRINCIPAL OFFICE:

370 HARVEY ROAD, SUITE 4
MANCHESTER, NH 03103

REGISTERED AGENT AND OFFICE: (foreign only)

ENTITY TYPE: NONPROFIT

BUSINESS ID: 225657

STATE OF DOMICILE: NEW HAMPSHIRE

PROVIDE EDUCATION AND TRAINING FOR NH PUBLIC EMPLOYEES
& EMPLOYERS TO ENABLE THE PURCHASE OF QUALITY HEALTH
CARE IN A COST EFFECTIVE MANNER

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

SEC'Y. **Tonya Angwin**
STREET **370 Harvey Road, Ste 4**
CITY/STATE/ZIP **Manchester NH 03103**
PRES. **Norman Guillotte**
STREET **370 Harvey Road, Ste 4**
CITY/STATE/ZIP **Manchester NH 03103**
TREAS. **Suzie Swenson**
STREET **370 Harvey Road, Ste 4**
CITY/STATE/ZIP **Manchester NH 03103**
V-PRES. **Mary Patry**
STREET **370 Harvey Road, Ste 4**
CITY/STATE/ZIP **Manchester NH 03103**

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

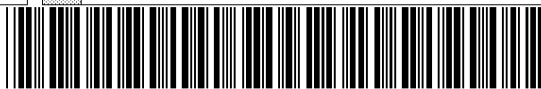
To be signed by president or other officer.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Lisa J Duquette**

Please print name and title of signer: **Lisa J Duquette** / **AUTHORIZED PARTY**
NAME TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL):



022565720150252

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301